

**DEPARTMENT OF WELLNESS AND RECREATION**  
**GUEST WAIVER AND RELEASE OF LIABILITY FORM**

\*Date: \_\_\_\_\_

Employee Initials: \_\_\_\_\_

**Guest, in consideration of being permitted to use the Department of Wellness and Recreation (the "DWR") Facilities as the undersigned Member's guest, does hereby agree as follows**

1. As a guest of the DWR, I agree to comply with and abide by the rules and regulations of the DWR. I understand that the DWR has the right to revoke my guest privileges at any time, for whatever reason.
2. The undersigned member, by signing this form, agrees to be responsible for my conduct while using DWR facilities and shall insure that I abide by the rules and regulations of the DWR.
3. By signing this form, I represent that I am physically able to undertake physical activities and to use the facilities of the DWR.
4. I understand that my use of the facilities, and participation in any activities, are undertaken entirely at my own risk.
5. I understand that a valid photo ID is required for everyone over the age of 16 to enter the facility. Acceptable forms of identification are: driver's license, military ID, Cane Card, other school ID, or a passport.

**NOTICE TO GUEST: PLEASE READ THE FOLLOWING LANGUAGE CAREFULLY BEFORE SIGNING THIS AGREEMENT.**

**WAIVER AND RELEASE OF LIABILITY**

**I agree that the DWR, the University of Miami, its Board of Trustees, officers, agents and employees shall not be responsible for injury, death or loss of property which may directly or indirectly result from my activities at and use of the DWR's facilities for any reason whatsoever, including negligence on the part of the Center, the University of Miami, its Board of Trustees, officers, agents or employees.**

**Furthermore, I hereby release, waive and discharge the DWR, the University of Miami, its Board of Trustees, officers, agents and employees from and for any and all liability, present or future, to me, my personal representative, assigns, heirs and next of kin for any injury, loss or property damage which may result from my presence or participation in activities at the DWR facilities for any reason whatsoever, including the negligence of the DWR, the University of Miami, its Board of Trustees, officers, agents and employees.**

I hereby expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion hereof is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be Dade County, Florida.

I confirm that I am of legal age and am freely signing this Agreement and Waiver and Release of Liability. I have read this form and fully understand it. I also acknowledge having received a completed signed copy of this Agreement.

\*By: \_\_\_\_\_  
Guest's Signature

By: \_\_\_\_\_  
DWR Member Signature

\* \_\_\_\_\_  
Guest's Name (Please Print)

\_\_\_\_\_  
DWR Member Name (Please Print)

\* \_\_\_\_\_  
Street Address

For Official Use: \_\_\_\_\_  
Fusion ID Number (ex. M-12345)

\* \_\_\_\_\_  
City, State, Zip

\* \_\_\_\_\_  
Phone Number

DWR guest is (check one):  
\_\_\_\_ University of Miami faculty/staff  
\_\_\_\_ University of Miami student  
\_\_\_\_ Other